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on Monday, 5 October 1998, at 10 a.m.

Chairperson: Ms. MASON

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The meeting was called to order at 10.10 a.m.

GENERAL DISCUSSION ON "CHILDREN LIVING IN A WORLD WITH HIV/AIDS" (agenda item 5)

1. The CHAIRPERSON said that every year the Committee scheduled a discussion day on a particular topic, to enhance the understanding of the content and the implications of the Convention. The subject of HIV/AIDS transcended all boundaries and all borders. Where the HIV/AIDS pandemic was concerned, all were at risk and consequently all should assume responsibility.

2. The statistics compiled by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) were truly alarming, reflecting the prevalence of the disease in the 0-14 and the 15-49 age groups. For the purposes of the Convention on the Rights of the Child, which defined children to be all persons under the age of 18, such an age breakdown was inappropriate; some thought might be given to adjusting the way data was compiled.

3. It was suggested that the discussion might revolve around the issues of prevention, care and non-discrimination, with their attendant effects in the political, civil, economic, social and cultural spheres, seen in the light of the four general principles of the Convention, namely non-discrimination, the best interests of the child, the right to survival and development and respect for the views of the child. Children were being extensively infected with or affected by HIV/AIDS and the Convention required that adequate health, education and social provision should be made to care for them. Furthermore, the views of children should be incorporated into any such initiatives.

4. The main objectives of the discussion were to identify the rights of children living in a world with AIDS; to promote the principles of the Convention in the context of HIV/AIDS; to enhance good practices; to strengthen the level of implementation by States of preventive measures and of care and protection of children infected with or affected by HIV/AIDS; to develop appropriate methods of advocacy; and to promote of child-related policies and strategies for preventing and combating HIV/AIDS, as well as the adoption of guidelines on HIV/AIDS at the national level. The discussions would no doubt suggest courses of future action, for which purpose it was important not to lose sight of those who lay at the heart of the deliberation, and to let all ideas contend.

5. She invited the High Commissioner for Human Rights to address the Committee.

6. Mrs. Mary ROBINSON (High Commissioner for Human Rights) welcomed the theme of the discussion, which represented yet another step towards the integration of HIV/AIDS into human rights mechanisms and procedures and raised awareness of issues pertaining to HIV/AIDS within the context of children's rights embodied in the Convention. The discussion would offer an opportunity to consider concrete recommendations to reduce the impact of HIV/AIDS on respect of children's rights and suggest ways to enhance the implementation of the Convention at the national level.

7. The HIV/AIDS pandemic challenged the enjoyment of children's human rights, but the Convention provided an essential and powerful framework for preventing and combating the spread of AIDS among children and adolescents. All too often children were denied access to information on ways to protect themselves from infection and to appropriate counselling and health services designed to meet their needs, with the result that in most parts of the world the majority of new infections occurred among young people. Children in particularly difficult circumstances risked double victimization due to HIV/AIDS, particularly if they were refugees, if they lived in conditions of extreme poverty, if they were deprived of their liberty, if they were recruited as soldiers, if they experienced situations of armed conflicts or if they were subjected to sexual abuse and exploitation, not only were those children at proportionally higher risk of infection, but they were also exposed to stigmatization, discrimination and denial of adequate care and protection, which had the effect of perpetuating the cycle of discrimination, other human rights abuses and the further spread of HIV.

8. The four general principles of the Convention, namely, non-discrimination, the best interests of the child, the right to survival and development, and participation should be the guiding themes in considering all administrative, legislative and judicial measures aimed at the realization of the rights of children living in a world with AIDS. Moreover, children should be given the possibility to become valuable partners in efforts to prevent and combat the pandemic. The Office of the High Commissioner for Human Rights, jointly with UNAIDS, had drafted the International Guidelines on HIV/AIDS and Human Rights, providing the framework for a rights-based response to the pandemic.

9. Addressing the challenge of children living in a world with AIDS involved tackling a much wider range of issues than the mere medical perspective. All rights were affected, and ways must be sought to combat the spread of the pandemic, to prevent new infections and to ensure full respect of the rights contained in the Convention.

10. Mr. PIOT (UNAIDS) said that he wished to raise the two questions of how it might be ensured that the needs of children and adolescents were fully considered in HIV prevention and care strategies, and how the Convention on the Rights of the Child and other human rights treaties could be used in work on HIV and AIDS. UNAIDS had been promoting the integration of children and adolescents in its response to the pandemic because their needs had not been met through a generic response, which had been targeted mainly at adults. Young people were exposed to the risk of HIV infection throughout every stage of their lives. Infants were infected with HIV through mother-to-child transmission, with over 500,000 babies becoming infected in 1997. Every minute, five young people under 25 years became infected with HIV. About half of all new HIV infections were in the age range of 10 to 24 years, amounting to 2.6 million new cases a year. Hence, children were increasingly becoming infected with and affected by HIV/AIDS.

11. The message of the 1998 UNAIDS campaign highlighted the tremendous potential of young people to change the course of the epidemic, ceasing to be mere "objects" of interventions to become instead a powerful "force for change".

12. Preventive strategies among young people had proved to be spectacularly effective in such cases, as was demonstrated by the 40 per cent decrease in new HIV infections among urban adolescent girls in Uganda between 1990 and 1996, and a similar reduction among young Thai men. That success had revealed four important factors. Firstly, adolescents were effective peer educators on HIV prevention. Secondly, schools should teach life-skills education which had demonstrably decreased sexually transmitted diseases and teenage pregnancies and delayed the age of first sexual intercourse. Thirdly, there was a need for youth-friendly health services, where the involvement of young people as peer counsellors had the double effect of increasing participation and of creating strong links between adults and young people in the community. Fourthly, children and adolescents needed to be a part of the response, becoming involved in assessing their own needs and in designing and implementing programmes.

13. Such policies had the single objective of empowering adolescents to protect themselves from HIV, and should be part of a national policy and a well-funded national plan of action in every country. Most of the AIDS Service organizations and the NGOs working on children's rights were in fact in a parallel mode addressing various aspects of marginalization and vulnerability of children. It was important in the future to create links between the current children's rights initiatives and the HIV epidemic.

14. How could the Convention on the Rights of the Child, and other human rights treaties be used in HIV/AIDS initiatives? Firstly, those rights could be used as the basis for developing policy programmes and drafting legislation. Secondly, the promotion of human rights as a response to the pandemic could be strengthened through greater participation in the reporting process. It was important that all Governments and all organizations involved with HIV should work closely together in the preparation of the reports that State parties submitted to the Committee on the Rights of the Child, since that offered an ideal opportunity for all partners at the national level to assist States in assessing progress in prevention and care, and in mapping the future course of action relating to children.

15. Measures that had proved their effectiveness should be implemented to halt the epidemic, even if it meant tough and unpopular political choices. In addition, the approach to the AIDS epidemic needed to be radically reoriented by putting young people at the centre of the response, not only because of their high vulnerability to HIV infection but also because that approach had already proved effective in enhancing prevention measures among young people. A sustainable response against the HIV epidemic would be achieved only when further efforts and resources were invested in the future of young people and they were empowered to become forces for change.

16. Mrs. MBOI said that the topic for the general discussion day had been chosen with considerable care, in the belief that the impact of the pandemic on children was profound, underrated and often inadequately articulated and addressed. Accordingly, the Committee would welcome the participants' suggestions on effective ways of mobilizing awareness and action on behalf of children living in an AIDS-ridden world.

17. The previous speakers had highlighted the issue of rights in connection with AIDS, the grim reality of the impact of AIDS on the global family, and the particular threat to children posed by the AIDS epidemic. The purpose of the discussion was therefore to establish a concerted attempt to create new knowledge, understanding and partnerships to assist the world's children and increase the impact of individual and collective efforts.

18. While the objectives of the theme day had been spelled out by the Chairperson and in the background documentation, she wished to underscore three essential points. Firstly, the implications for child rights and public health of the Convention on the Rights of the Child. The evolution of the AIDS epidemic had drawn attention to the fact that the medical aspect was but one facet of a highly complex phenomenon with social, political, scientific, medical, cultural and human rights undertones and, as such, could not be successfully addressed by any one approach. Children were exposed to the dual risk generated by their defenceless position as children and by factors connected with their social background.

19. The Convention, with its comprehensive approach to children, was explicit about their right to self-development and to protection, both against poverty and against other social ills, all of which increased their vulnerability to HIV. It was equally explicit about children's right to education, information and health, which empowered them to take informed decisions for their protection from infection and their enjoyment of a life of dignity and self-respect, even if living with AIDS.

20. A hallmark of the Convention was the indivisibility and interdependence of its articles, making it not a mere list of rights, but a unique tool for those working with and for children in an area where threats to rights intersected with threats to life and dignity. Rights violations could be life-threatening, while rights protection could be life-saving, and fulfilled rights could ensure an acceptable quality of life for children infected or affected by HIV/AIDS. That made for a natural alliance between child rights advocates and those concerned with children's risk from the disease.

21. Secondly, like the Convention, the three chosen topics of discrimination, prevention and care were not discrete but intimately related problems. Discrimination affected the provision of adequate and equitable care. It also jeopardized prevention, which could not be effective without unbiased information and counselling combined with voluntary, confidential testing. At the same time, there was no incentive for testing in the absence of fair, non-discriminatory, humane care.

22. Thirdly, there was the question of who was responsible for ensuring implementation of recommendations. While the Governments' role was crucial in promoting and protecting children's rights and containing the AIDS epidemic, it was doubtful whether their action alone was sufficient. Experience had shown that the greater the involvement of civil society, the more likely child rights were to be reflected in local and national agendas, and the more likely they were to be protected and fulfilled.

23. In that regard, she drew attention to the essential role assigned to the young people themselves by the Convention. In many countries, the "force for

change" of the 1998 World AIDS Day theme was a fact and not just a clever slogan. Where HIV/AIDS was concerned, young people were much more than programme beneficiaries; they could be vital advocates, peer educators, and role models. Convinced that prioritizing the child's best interests was a universal task, she urged those present to consider seriously how best to promote complementarity and collaboration among the many potential players involved.

24. She thanked the United Nations agencies and the NGO Group for the Convention on the Rights of the Child for their valuable assistance with the programme, and the participants for attending the forum, which had been convened mainly in order to highlight the threat that HIV/AIDS posed for children's rights and lives and to seek cogent solutions. The Committee undertook to make that threat a prime topic of its dialogue with the States parties. While the Committee could recommend, urge, challenge and advise, the lives of individual children were, in the last analysis, profoundly dependent on each country's individual and collective action for advancing the cause of child rights and thus loosening the AIDS epidemic's grip on the global family.

25. In conclusion, she urged participants to strive to protect all children and their rights, in the knowledge that rights protected were a step towards rights fulfilled, and only through fulfilment of rights could every child be assured of a life of growth, security and development, even in a world with AIDS.

26. The CHAIRPERSON said that one of the issues with which the Committee on the Rights of the Child grappled each year was children's participation in matters affecting them, including discussions with delegations from various States parties to discover ways of implementing that principle. The problem was threefold: would children's participation be viewed as a mere token proffered by adults? Or as exhibitionism on the part of the Committee? Or would AIDS, itself a sensational topic with its sexual overtones, attract undue media attention? However, the 1997 experience had proved so worthwhile that it had been decided that children's participation was vital. As a result, four intelligent youngsters from Nepal were there to share their own experiences with the adults.

27. Tej Man RAIKA (Youth representative from Nepal) said that he and his three colleagues, who had been selected to address the meeting on the basis of a competition held in Nepal, represented the Children's Forum of Nepal comprising 408 members. Regrettably, only 139 of them had received formal instruction in the Convention on the Rights of the Child, but they had been emboldened to seek information concerning the dangers of HIV/AIDS, and peer group education had ensured that the remaining members were well informed about the disease.

28. Radhika MISHRA (Youth representative from Nepal) thanked the Committee for the opportunity to address the meeting. She was 16 years of age, a member of the Children's Forum, and a refugee living in exile. She had become interested in HIV/AIDS for many reasons, not least of which was the fact that in Nepal girls were traditionally deprived of education, and parents deemed it unseemly for them to discuss sex and sexual topics, ignorance of which made them particularly vulnerable to HIV infection. Girls did not enjoy equal

opportunities, being required by tradition to marry, and were strictly prohibited from attending school after marriage. If, therefore, owing to domestic problems, husbands sought sex outside the marriage, they could infect their wives. The norm was that a wife did not reject a husband, regardless of his behaviour, so that lack of education, information or power made girls prone to HIV infection. Very old HIV-infected men often sought to marry young girls, in the belief that they would be cured by transmitting the virus to their young wives, rendering girls prey to HIV infection. A stigma attached to infected girls, who were also marginalized on account of fear. They often grew up away from their families, who were not above discriminating against them.

29. Sandesh KOIRALA (Youth representative from Nepal), 15 years of age, said that the fact that sex, sexuality and sexual health were not topics of discussion in Nepalese society deprived children of information concerning safe sex and made them more vulnerable to HIV infection. Some of his friends frequented sex shops or used injected drugs. A boy wishing to purchase condoms had to do so clandestinely, his morality being called into question if he was discovered by an adult. A survey had found that children in Nepal were directly and indirectly affected by HIV/AIDS and that 15 per cent of all cases of the virus occurred among children between 14 and 19 years of age. HIV-infection would deprive a youngster of his right of survival, and loss of his parents would place on him a heavy burden of poverty, causing him to be abandoned by society, deprived of an education, and most likely bereft of his right to participate in development. Because he had been fortunate to discover the danger represented by HIV/AIDS for the younger generation, he felt it incumbent upon him to devote some effort and time to campaigning against the disease.

30. Ganga RIMAL (Youth representative from Nepal) said that she was 15 years old and currently studying and living in a refugee camp in eastern Nepal. She had come to inform the assembly of the camp children's achievements in regard to HIV/AIDS and their future plans for prevention. Before training the children excluded from the official training programme, they had conducted a survey to determine the extent of their knowledge, and their attitudes and practices with regard to HIV/AIDS. Finding that most of them were quite ignorant on the subject, an action plan had been established and a start made on implementation of the awareness programme through peer education for HIV/AIDS prevention. Numerous activities had been carried out, and the children had been informed of the modes of transmission and of prevention methods.

31. Among their future plans was the inclusion of more disabled children in the training programme; training others who had been excluded from the forum and had not received instruction in the Convention; and training children in their age group in peer education, HIV/AIDS and the Convention. The next step would be to evaluate the impact of those activities.

32. Radhika MISHRA (Youth representative from Nepal) said she would discuss what children thought adults should do for them. Most HIV/AIDs prevention programmes were implemented by adults. If children also became involved, implementation would be more relevant to children and make for better understanding. Adults should allow children to educate other children on

adult attitudes and behaviour towards HIV/AIDS, and pay more attention to children's views. They should support children's initiatives with regard to the virus, and assign the same priority to children's rights as to human rights in relation to HIV/AIDS. Basic sexual health, including HIV/AIDS education, should be incorporated into school curricula worldwide. Health services providing HIV/AIDS prevention for young people should be child-friendly. Sick and other vulnerable children who were usually sexually abused should be supported in their basic needs, education and HIV/AIDS prevention. The child marriage law should be enforced and monitored, and Governments should accord priority to education and employment opportunities for girls.

33. The CHAIRPERSON thanked the youth representatives from Nepal for their statements and said that there would be an opportunity for questions to be put to them in the discussion groups.

34. A series of slides prepared by UNICEF was shown, which highlighted various aspects of the HIV/AIDS pandemic and illustrated the work being undertaken jointly by UNICEF and UNAIDS in relation to children and HIV/AIDS.

35. Mrs. GRUSKIN (FXB Centre for Health and Human Rights), introducing the three topics - discrimination, prevention and care - each to be considered by a discussion group, said that the central focus was to be the convergence of health and rights in the context of children in a world with AIDS. The Chairperson had earlier drawn attention to the rationale and objectives of the discussion as drawn up by the Committee.

36. It was clear that any effort to look at the relationship between the rights of the child and HIV/AIDS had to take into account both the public health responsibilities of Governments and their human rights obligations under the Convention. From a rights perspective, non-discrimination should be recognized as the overarching human rights principle that should guide the development, implementation and evaluation of all efforts in HIV/AIDS prevention, care and related social support and research. In that context, prevention and care were increasingly being recognized as a continuum, although they could also be viewed as distinct and complementary strategies. Non-discrimination, prevention and care had therefore been selected as the topics for discussion in order to ensure due attention to the relationship and optimum balance between public health and human rights.

37. The dual public health and human rights approach was critical to implementing and monitoring the strategies and approaches being formulated as an extended response to HIV/AIDS. Since HIV/AIDS could have a negative impact on the extent to which the rights of children were respected, protected and fulfilled and that violation of those rights increased children's vulnerability to infection, the Convention provided the basic framework for analysing the impact of HIV/AIDS on children and providing the tools needed to evaluate government responses to the pandemic.

38. The discussion groups were expected to act as a forum for mutual exchange of information and approaches to HIV/AIDS and the rights of the child, to develop a common and comprehensive understanding to the relationship between HIV/AIDS and the rights of the child, and to propose conclusions and

recommendations to the Committee. In their deliberations, they were asked to bear in mind all the ways in which children were affected by the pandemic, whether directly by infection before birth or through breast-feeding, unsafe medical practices, illicit drug use or sex, including sexual abuse, or indirectly as a result of the illness and death from HIV/AIDS of parents and other family members or as a result of reduced access to health care because of the pressures on community services confronted with growing demands for HIV/AIDS care. The capacity of children to modulate their vulnerability to HIV/AIDS depended on the degree of their awareness of that risk and their ability to minimize behaviour that enhanced it. Fulfilment of governmental obligations with respect to the rights of the child could help to draw attention to the specific action needed to guarantee those rights in the HIV/AIDS context.

39. Participants' attention was drawn to a number of background papers that would assist discussion in the three groups. The discussion groups would each be chaired by a member of the Committee: the group on non-discrimination by Ms. Palme, the group on prevention by Mrs. Mokhuane, and the group on care by Mrs. Mboi.

40. The CHAIRPERSON invited the discussion groups to begin their work.

The meeting rose at 11.40 a.m.